								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO														
Effective October 1, 2003								10 727,500						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
TC	TAL CLAIMS	76					RAT	E	FEE	7	RATE	FEE		
FC	PR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			26 mir	nus 20=	* E		X\$ 9	—— )=		OR	X\$18=	105		
INDEPENDENT CLAIMS			4 minus 3 =		* /		X43	=		OR	X86=	86		
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				145			1	. 000	0.0		
* If	the difference	in column 1 ie	less than zero, enter "0" in column 2			column 2	+145			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" i						Joidinn 2	TOTA	٩L		OR	TOTAL	964		
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN  R SMALL ENTITY			
Γ.		(Column 1) CLAIMS		HIGH	EST	(Column 3)			ADDI-	]	0	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E 	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	***		=	X43:	=		OR	X86=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM									
	1, 1	1, 11,17, 22,						=		OR	+290=			
								ADDIT. FEE				OR ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT B	i	. REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9		,	0.0	X\$18=			
	Independent	*	Minus	***		=	X43=			OR	_			
AN	FIRST PRESENTATION OF MULTIPLE DEPE				ENDENT CLAIM			=		OR	X86=			
								=		OR	+290=			
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	`		
(Column 1) (Column 2) (Column 3)											ADDII. I EE	•		
၁	<b>.</b>	CLAIMS REMAINING		HIGH	EST			_	ADDI-			ADDI-		
AMENDMENT (	•	AFTER AMENDMENT		PREVIC PAID	USLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		= .	X\$ 9:	=		OR	X\$18=			
	Independ nt	*	Minus	***		=	X43=				X86=			
<u>▼</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	7.00			
:								-		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE		OR	TOTAL ADDIT. FEE			
		mber Previously Pa nber Previously Pai					found in the	арр	oropriate box	in col	umn 1.			